

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10961</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>STANLEY M. SMITH</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2525 BARRINGTON CT.</u> City <u>HAYWARD</u> State <u>CA</u> ZIP Code + 4 <u>94545</u>	4. Name, file number, and address of labor organization. Name <u>SPRINKLE FITTERS LOCAL 183</u> Labor Organization File Number <u>035308</u> P.O. Box, Building and Room Number, if any _____ Street <u>2525 BARRINGTON CT.</u> City <u>HAYWARD</u> State <u>CA</u> ZIP Code + 4 <u>94545</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____
---	--

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/15/05  
Date

(510) 785-8483  
Telephone Number

Name of Person Filing <u>STANLEY M. SMITH</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>SEGA Co.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1920 N ST. N.W.</u></p> <p>City <u>WASHINGTON D.C.</u></p> <p>State <u>D.C.</u> ZIP Code + 4 <u>20036</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust _____</p> <p>c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>SPRINKLER INDUSTRY PENSION</u></p> <p>Trade Name, if any: <u>S.I.S.</u></p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>8000 CORPORATE DR.</u></p> <p>City <u>LANDOVER</u></p> <p>State <u>MARYLAND</u> ZIP Code + 4 <u>20785</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>CONSULTANT TO TRUST FUND</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>EST \$4,000.00</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>DINNER AT OUT OF TOWN TRUST MEETING 8/11/04</u></p> <hr/> <p>12.b. Amount. <u>124.18</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <b>STANLEY M. SMITH</b>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>UNKNOWN</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p style="text-align: right;"><b>GROUP DINNER PAID</b></p> <p style="text-align: right;"><b>FOR BY SEVERAL</b></p> <p style="text-align: right;"><b>SERVICE PROVIDERS</b></p> <p style="text-align: right;"><b>I DO NOT KNOW WHO</b></p> <p style="text-align: right;"><b>OR HOW MUCH WAS PAID</b></p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>SPRINKLER INDUSTRY PENSION</b></p> <p>Trade Name, if any: <b>S.I.S.</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>8000 CORPORATE DR</b></p> <p>City <b>LANDOVER</b></p> <p>State <b>MARYLAND</b> ZIP Code + 4 <b>20785</b></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;"><b>INVESTMENT MANAGERS TO</b></p> <p style="text-align: center;"><b>TRUST FUND</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>UNKNOWN</b></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;"><b>DINNER AT OUT OF TOWN</b></p> <p style="text-align: center;"><b>TRUSTEE MEETING</b></p> <hr/> <p>12.b. Amount. <b>EST. \$120</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>STANLEY H. SMITH</b>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>NATIONAL AUTOMATIC SPRINKLER INDUSTRY</b>  <b>UNIFAB FUND</b>          Trade Name, if any: <b>NAST</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>8000 COOPERATE DR.</b></p> <p>City <b>LANDOVER</b></p> <p>State <b>MARYLAND</b> ZIP Code + 4 <b>20785</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>TRUST FUND RECEIVES CONTRIBUTIONS UNDER COLLECTIVE BARGAINING AGREEMENT BETWEEN THE UNION AND VARIOUS EMPLOYERS</b></p> <p>11.b. Approximate dollar value of such dealing <b>EST \$310,000.00</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>MEALS AT VARIOUS TRUSTEE MEETINGS AND CONFERENCES. REGISTRATION FEE FOR CONFERENCE AND CONFERENCE MATERIALS</b></p> <p>12.b. Amount. <b>EST. 1776.62</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>